



## MEDICATION CONSENT FORM B

<b>SECTION 1</b> This section to be completed by parent/guardian
<p><b>NAME OF CHILD</b>.....<b>D.O.B</b>.....</p> <p>I request and give permission for a trained member of school staff, or in their absence the school nurse, to administer to the above child the medication indicated below.</p> <p><b>NAME OF PARENT (PLEASE PRINT)</b>.....</p> <p><b>SIGNATURE</b>.....<b>DATE</b>.....</p>

<b>SECTION 2</b> This section for parents to complete				
I consider it necessary for the child above to receive during school hours the medication indicated below.				
MEDICATION	DOSE	ROUTE	TIME	REMARKS

<b>Section 3</b> Head teacher authorisation	
Name of Head teacher.....	
Signature of Head teacher..... Date.....	

<b>SECTION 4</b> This section to be completed by school nurse or health aide	
Date received.....	signature.....
Date discontinued.....	signature.....
Details.....	